



OTI Bond Claim Form

Claimant Name: _____

Claimant Address: _____

Claimant Contact: _____

Claimant Phone #: _____ Claimant Fax #: _____

Claim Amount: _____

Principal: _____

Principal Address: _____

City: _____ State: _____ ZIP: _____

Principal Contact: _____

Principal Phone #: _____ Principal Fax #: _____

Claimant's Invoice #(s): _____
(You may use one form for multiple invoices)

Date Reported to Avalon: _____

Date of Loss: _____

Policy Effective Date: _____

Bond#: _____

Copy of the following required: Service Contract or Applicable Tariff Bill of Lading Delivery Receipt or Inland BOL Judgment Other documents including Credit Agreements/ Collection Notices/ Evidence of Payment/ Correspondence

The undersigned as General Agent for Southwest Marine and General Insurance Company acknowledges receipt of your above claim. The surety will forward your claim to the principal requesting their response. Once we receive the requested documentation along with the principal's response, the surety will be able to investigate the claim.

The condition of this obligation is that the penalty amount of this bond shall be available to pay any judgment or any settlement made pursuant to a claim under 46 CFR 515.23(b) for damages against the Principal arising from the Principal's transportation-related activities or order for reparations issued pursuant to section 11 of the 1984 Act, 46 U.S.C. app. 1710, or any penalty assessed against the Principal pursuant to section 13 of the 194 act, 46 U.S.C. app. 1712. This bond shall inure to benefit any and all persons who have obtained a judgment or settlement made pursuant to a claim under 46 CFR 515.23(b) for damages against the Principal arising from its transportation-related activities or order of reparations issued pursuant to section 11 of the 194 Act, and to the benefit of the Federal Maritime Commission for any penalty assessed against the Principal pursuant to section 13 of the 1984 Act.

The surety fully reserves all of its rights and defenses under the terms of its bond and the applicable laws. This reservation of rights shall remain in full force and effect unless expressly revoked in writing by the surety. Furthermore, please be advised that this correspondence is written for the purpose of investigation and notification only and should not be construed as a promise to pay any claim in whole or in part. If you have any questions regarding this matter please contact us at (847) 700-8114, via fax (847) 700-8117, or via email fmc-fmcsaclaims@avalonrisk.com